

FILED
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

SEP 17 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26762
Registrar's No. 6554

Registration District No. 7911

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County.....
(b) City or town.....
(c) Name of hospital or institution:
Forest Park Hotel
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days

3. (a) PRINT FULL NAME Margaret Obermeier

3. (b) If veteran, name war..... None
3. (c) Social Security No. None

4. Sex F. | 5. Color or race W. | 6. (a) Single, widowed, married, divorced 2 W.

6. (b) Name of husband or wife Edward Obermeier
6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Oct. 6th., 1868
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 4 If less than one day hr. min.

9. Birthplace St. Louis Mo. n
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Otto Ilges
13. Birthplace Europe 8
14. Maiden name Margaret Caimann
15. Birthplace Europe 8
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Betty Ilges
(b) Address 4910 West Pine Blvd.

17. (a) Burial (b) Date thereof 8-13-1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calva

18. (a) Signature of funeral director Arthur J. Connelly
(b) Address 3840 Lindell Blvd.

19. AUG 11 1941 (b) J. F. Spedick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4910 West Pine Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country n

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 10th., year 1941 hour 4 minute 45 p. m.

21. I hereby certify that I attended the deceased from 18 Aug 10 to Aug 10 1941
that I last saw her alive on Aug 10 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage
Due to: cerebral hemorrhage
Due to: heart or sun stroke

Other conditions: cerebral hemorrhage
(Include pregnancy within 3 months of death)

Major findings: Of operations 83a
Of autopsy 83a

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Arthur J. Connelly (M. D.)
Address 3840 Lindell Blvd. Date 11-11-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Metro. Bldg. Je. 4141-Fr. 1019
1230-30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

..... Registered Apprentice No.

working under my personal supervision.

Signed

W H Van Matre

Licensed Embalmer No. *2825*

P. O. Address *4340 Lafayette*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.